PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	MITTY	OR	OTHER	THÂN
TOTAL CLAIMS			1	2			RATE	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			/9 m	/9 minus 20= *		-		X\$ 9=		OR	X\$18=	
INDEPENDENT CLÄIMS			C minus 3 = 2			•		X40=	1	1	X80=	21/2
MI	JLTIPLE DEPE	NDENT CLAIM	RESENT						 	OR		<i>3</i> ∀0·
* If the difference in column 1 is less than zero, enter "O" in column 2								+135=		OR	+270=	
									L	OR	TOTAL	950-
_(e124/04F	(Column 1)	AMENDE:	(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL (
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	. 2	0	•		X\$ 9=		OR	X\$18=	•
	Independent • D		Minus			=4	X40=			OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		•	+270=	
	•					•	L	+1333		OR	TOTAL	
							. 1	ODIT. FEE		OR	ADDIT. FEE	
_	(Column 1)- (Column 2) (Column 3) CLAIMS HIGHEST									· 1 •	-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	AODI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total	· 11	Minus	-7	(7) ·	(d		X\$ 9≖∕		OR	X\$18=	
	Independent	• -	Minus		12		1	X40=		OP:	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CERIM							+135=		OR	+270=	
							L	TOTAL		OB I	TOTAL	
		(Calumn 1)		(Calum	- 0	(Cahana 2)	A	ODIT. FEE		on ,	ADDIT. FEE	
	CLAIMS				(Column 2) (Column 3) HIGHEST				ADDI-	1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F		PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT	Mimus	••	<u> </u>	•	ŀ	X\$ 9=	FEE		X\$18=	FEE
	Independent	•	Minus	***.		a	ŀ			OR		
₹	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			X40=		OR	X80=	
+135= OR +270=												
"If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE												
		mber Previously P iber Previously Pa						_	ropriate box			

FORM PTO-875 (Rev. B/00)